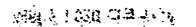
MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFACES 18 1003 11881 STATE FILE NUMBER						
DO NOT WRITE AMENDED Registration District No. Registrat's No. 1881 STATE FILE NUMBER Registration District No. Registrat's No. 1881						
VS 300 ·			<u> </u>	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Resi	dence before admission)	
Rev. 4/59	AMENDED			OR TOWN St. Louis, Missouri. 1 days OR TOWN Shrewsbury C. FULL NAME OF (If NOT in hospital, give location) Inside Limits OR TOWN Shrewsbury Your Control of Con	nside Limits es No side on Farm	
240403	8 8			HOSPITAL OR INSTITUTION St. John's Hospital Yes ♥ No□ ADDRESS 7311 Lansdowne Yes	•• □ No □ <u>₹</u>	
3 2				3. NAME OF DECEASED First Middle Lest 4. DATE Month Day (Type or print) Laura 0. Kaetzel DEATH December 10,	Year 1962	
5 /				F Widowed Divorced 9-12-1882 80 Months Days H	Ours Min.	
6	ows			10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) NOUSEWILE OWN home St. Louis, Mo. U.S.A. 13a. FATHER'S NAME 14. NAME OF HUSBAND OR WIFE	AT COUNTRY	
7 0	FOLLOW		L	Fred Richard Kate Schley Frank Kaetzel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. NAME OF HUSBAND OR WIFE 17. INFORMANT Address	· · · -	
9 .	ARE AS			(Yes, no, or unknown) (If yes, give war or dates of serv no Mr. Frank Kaetzel 7311 Lansdo	VAL BETWEEN	
. 10	양성		UMEN	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSE ONS	AND DEATH	
1274-0	THIS REC		DOC	Conditions, if any, which gave rise to above cause (a),	U	
13	NO E	++	-	stating the under- lying cause last. DUE TO (c) USUAL Section Way Desart PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was		
74	\sigma			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bulleval Rymultiples with Arabay supplying Part III. If deceased was there a pregnancy		
	AMENDMENT		:	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of PERFORMED? YES OR NO	item 18.)	
K INK RIBBON	AMEI			20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.		
USE BLACK INK OR PEWRITER RIBBC				20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in ar about home, farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20f. CITY, TOWN, OR LOCATION COUNTY	STATE	
BLA OI VRITEI	D READ			21. I attended the deceased from 2:30 a.m., to 12-16-62 and last saw her him alive on 12-9-62 Death occurred at 2:30 a.m. m on the date stated above, and to the best of my knowledge, from the cause	s stated.	
USE BLACK OR TYPEWRITER	SHOULD		IT OF	Cultur K Duskel we 7500 Dransline 1.	C. DATE SIGNED	
	ON N	$\dagger \dagger$	AFFIDAVIT	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Cremation 12-13-62 Valhalla Chapel of Hemories St. Louis County,	(State) Mo/	
	ITEM I		BY AF	24. FUNERAL DIRECTOR ADDRESS DEC 11 1962 26 FEGISTRAR'S SIGNATURE M. HOFFINEISTER COLONIAL MORTUARY SAM	D.	



STATEMENT BY LICENSED EMBALMER

me is reco	orded on the reverse side of this certificate was embalmed by me,
· · ·	, Student Embalmer No
	Signed Dill C Brunson
	1/2/1/
	Licensed Embalmer No.
	me is reco

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.